

**United States Information Service**

# OFFICIAL TEXT

60, Khayaban-e-Quaid-e-Azam, Blue Area, F-6/4 Islamabad. Tel: 824051

## U.S. DRUG OFFICIAL DETAILS SOUTHWEST ASIA SITUATION

WASHINGTON -- Approximately one half of the heroin consumed in the United States originates in Southwest Asia, according to John C. Lawn, administrator of the U.S. Drug Enforcement Administration (DEA).

Lawn told the House Foreign Affairs subcommittee on Asia and Pacific Affairs on March 3 that the main cultivators of the opium poppy in Southwest Asia are Afghanistan and Iran, and the major supplier of Southwest Asia heroin to the United States is Pakistan. Other heroin production countries are Afghanistan, India, Iran, Lebanon and Syria, he said.

He also said it is estimated that almost all of the hashish consumed in the United States originates from Pakistan, Afghanistan and Lebanon.

Lawn explained that the DEA shares responsibility for all cooperative programs associated with drug law enforcement counterparts in other countries and is responsible for investigating and preparing for prosecuting major violators of controlled substances laws at the international level as well as domestically.

Following are excerpts from Lawn's testimony:

(Begin excerpts)

### OVERVIEW OF SOUTHWEST ASIA (Pakistan, Afghanistan, Iran)

The Drug Enforcement Administration estimates that approximately 50 percent of the heroin consumed in the United States originates from Southwest Asia. The major heroin production countries in Southwest Asia are Pakistan and Afghanistan, with significant production also occurring in India, Iran, Lebanon and Syria. These countries commonly send their heroin to the United States through the principal transit countries of India, Egypt, Nigeria, the United Arab Emirates, Turkey, as well as through Western European nations.

The major supplier of Southwest Asian heroin to the United States is currently Pakistan, even though the principal cultivators of opium poppy in Southwest Asia are Afghanistan and Iran. I will describe the drug situation in Pakistan at length later in my testimony.

We know that the principal opium poppy growing provinces of Afghanistan are Nangarhar, Kunar, Helmand, Qandahar, and Badakhshan. However, because DEA has no direct access to

Afghanistan, it is very difficult to arrive at an accurate estimate of that country's opium harvest. The best estimate at this time is that the 1984/85 yield was 400-500 metric tons, and that the 1985/86 crop was significantly larger than that.

There is no legal opium poppy cultivation in Afghanistan, nor are there any current government efforts or programs to reduce opium poppy cultivation through crop substitution or eradication, or to destroy heroin laboratories.

For all practical purposes, heroin laboratories were not prevalent in Afghanistan before late 1982 or early 1983. At present, we believe that perhaps 40 laboratories producing heroin base and, to a lesser extent, injectible heroin hydrochloride are operational in Nangarhar. The majority of this heroin is smuggled into Pakistan, although some remains in Afghanistan to supply a relatively small addict population. There also are heroin labs in southern and western Afghanistan that supply the Iranian market.

The Government of Iran banned opium poppy cultivation in 1980 and apparently has been somewhat successful in curtailing illicit opium poppy cultivation, to the point where it is a major net importer of opiates. However, several major regions of the country remain politically and militarily unstable and apparently continue to produce opium. Laboratories for morphine base and heroin conversion are still reportedly operating in the Kurdish controlled sectors of northwestern and southeastern Iran.

Since 1980, the Government of Iran has reported enormous seizures of opium, morphine, heroin, and cannabis; however, the accuracy of their figures cannot be verified. In 1984, the Iranian government declared that it would eliminate drug smuggling. The next year, the government declared it had seized approximately 2,500 kilos of heroin.

Iran has laws to penalize the importation, manufacture, possession, or sale of opium, morphine, heroin, cocaine, synthetic narcotics, and acetic anhydride. Under the 1985 Smugglers Act, 30 percent of the funds confiscated from, and the fines paid by, smugglers would be used to pay rewards to informers and police.

India is the world's largest traditional supplier of licit raw opium. All licit opium poppy cultivation is under the license of the Government of India in designated areas. Opium traffickers usually obtain their stocks by diversion from licit production. In recent years, however, partially because of its strategic location between two major illicit heroin production areas, India's role in international heroin trafficking has steadily expanded.

In response to this increased heroin trafficking and to an escalating heroin abuse problem, India formed the Narcotics Control Bureau in 1986 to investigate and dismantle the highest level trafficking organizations in India. In addition, there has been an increased dialogue between the U.S. Embassy in India, DEA, and top Indian policy-makers about drug abuse and drug trafficking. In addition to our existing New Delhi office, DEA opened an office in Bombay in 1986 to increase DEA's assistance to Indian anti-drug efforts.

Marijuana smuggling from Southwest Asia is relatively minor and of little significance to the United States. However, hashish

is smuggled from Southwest Asia to the United States from Pakistan, Afghanistan and Lebanon. It is estimated that almost all of the hashish consumed in the United States originates from these three sources in the following estimated amounts: 60 to 65 percent from Pakistan and Afghanistan, and approximately 25 to 30 percent from Lebanon.

#### THE NARCOTICS TRAFFICKING SITUATION IN PAKISTAN

When opium poppy cultivation was banned by the Government of Pakistan in 1979, opium production dropped dramatically from 530-800 metric tons in 1979 to about 75-150 tons in 1980. Then, through eradication and crop substitution, production was gradually reduced to 40-70 metric tons in 1985. Because of improved weather conditions, resistance by growers and traffickers, and weak enforcement, opium production increased significantly in 1986 to about 140-160 metric tons.

Pakistan is also a major conversion point for Afghan and Pakistani opium into heroin, and serves as a transshipment point for heroin and hashish coming out of Afghanistan and destined for the United States. It is estimated that approximately three metric tons of heroin reached the United States in 1986 following its manufacture in or transshipment through Pakistan.

Smuggling methods are varied and have been refined over time. Some Pakistani traffickers are internationally known for their ability to conceal heroin within seemingly legitimate products, such as sporting goods, surgical instruments, and garments.

Only since late 1982 has the Government of Pakistan officially admitted that heroin was being produced in Pakistan. The Pakistanis took their first meaningful action against heroin laboratories at that time.

The main heroin manufacturing area is in the Khyber Agency of the Northwest Frontier Province, which is in the semi-autonomous tribal area; thus, negotiations to stop heroin production are difficult. In December 1985, the Khyber Agency Political Agent used an armored military presence to force the tribals to close 23 heroin laboratories.

There are approximately 30 to 40 known major international traffickers who operate from Pakistan. Each has an organization, and several have established distribution systems using organized crime networks in Europe and the United States.

The Pakistan Narcotics Control Board (PNCB) and other enforcement agencies have been reluctant to move against the wealthy and powerful major traffickers. Corruption has been cited as a factor. It should be noted, however, that the PNCB and Pakistani Customs have assisted DEA-initiated investigations which have resulted in the arrests of several major Pakistani traffickers in the United States.

In December 1983, the long-awaited Narcotics Ordinance was signed into law in Pakistan. This new law provides for minimum sentences of two years' imprisonment for offenders found in possession of 10 grams of heroin, 1000 grams of opium, or 1000 grams of hashish. The drug laws also were extended to the tribal areas for the first time. A few major traffickers have been arrested, tried, and sentenced to one or two years' imprisonment, but most of those defendants were released after only a few months.

Recent major enforcement actions in Pakistan indicate that the present Zia/Junjo government is becoming more committed to the Pakistani drug efforts.

Domestically, there has been increased enforcement activity against the production of semi-refined and refined narcotics, as well as enforcement action taken against some drug trafficking syndicates based in Pakistan. Last year, Pakistan seized approximately 2,600 kilograms of heroin within the country.

The Government of Pakistan has a program to identify, investigate, arrest, and prosecute traffickers. During 1986, an estimated 20,000 persons were arrested, fined or imprisoned for trafficking offenses.

At the international level, Pakistan is currently working with the United States and other concerned governments to conduct a "Foreign Enforcement Agencies Cooperative Program." The Government of Pakistan permits the stationing in Pakistan of foreign drug law enforcement personnel who initiate and conduct investigations of international drug smuggling. The Government of Pakistan now permits drug shipments to leave Pakistan for controlled deliveries abroad.

There is a United States/Pakistan extradition treaty to reach Pakistani violators under indictment in the United States. In addition, Pakistan is now studying ways to amend its laws to allow the admission of new kinds of evidence and is moving towards enactment of an asset seizure law.

#### THE DRUG ADDICTION SITUATION IN PAKISTAN

In recent years, a significant heroin use problem has emerged in Pakistan. In 1980, there were virtually no heroin addicts in Pakistan. By mid-1982, drug rehabilitation and treatment experts had determined through surveys that Pakistan then had a minimum of 25,000 heroin addicts. By the end of 1982, these same officials estimated that Pakistan had a minimum of 50,000 heroin addicts. Current estimates put the figure at 450,000 addicts.

The majority of users smoke, rather than inject, heroin. Smoking heroin-laced cigarettes is also common. Heroin is inexpensive in Pakistan; the user can purchase his daily needs for 1 dollar to 5 dollars (U.S.).

Several Pakistani law enforcement officers and drug treatment experts have noted that psychotropic drug abuse is a serious drug problem in Pakistan. A recent development has been the smoking of methaqualone (Mandrax) with opium. This practice began about four years ago in the NWFP, and now most of the opium smokers currently being admitted at the two treatment centers in Peshawar and Chamsa seem to smoke this combination of drugs.

The Mandrax pills are smashed and sprinkled on the mardak, a combustible opium preparation made of opium paste and charred barley husks. Methaqualone is also the leading psychotropic drug of abuse in other areas of the country, but is taken orally outside the opium smoking areas. Other popular drugs are barbiturates, amphetamines, and tranquilizers.

Cannabis use in Pakistan is common. Some surveys estimate that 30 percent of Pakistan's population use hashish or charas, as

it is known in Pakistan. This estimate may be high, but there are certainly several times as many cannabis users as opium users.

There are currently 26 official drug treatment centers in Pakistan. However, twice as many hospitals and clinics also are treating patients addicted to heroin. Most inpatients are heroin addicts and users of opium with psychotropics. Also in treatment are a few cannabis users, many of whom suffer from transient cannabis psychosis.

Treatment results for opium eaters have been good. Formal and informal follow-ups show that 50 percent or more of those receiving inpatient detoxification continue to be abstinent six months after release. This is due primarily to the strong expectation that the hospital treatment will produce a cure and strong pressure from the family not to relapse.

Thus far, treatment of heroin addicts has met with very little success. The PNCS is working with Ministry of Health officials and consultants from the U.S. State Department's Bureau of International Narcotics Matters to improve treatment and rehabilitation of heroin addicts.

In Pakistan, the official and public attitude toward hashish and opium users has been one of general tolerance, because these abusers have usually remained as more or less normally functioning members of society. Heroin addiction, which formerly received that same degree of acceptance, is no longer tolerated.

It has been only in the past several years that the devastating effects of heroin on the addict and his/her family have become recognized by a significant portion of officials and the public. Mass media conferences and newspaper ads sponsored by the Ministry of Health have played a major role in awakening people to the dangers of heroin addiction. Even more significantly, heroin addiction has spread throughout the country and to all levels of society so that a great number of people have witnessed first-hand the consequences of heroin addiction.

#### CONCLUSION

In Asian countries where DEA and other Federal agencies have established cooperative efforts, we have seen improved enforcement against the cultivation, production and transshipment of narcotics.

The United States must and will continue to work with source countries to enhance their eradication efforts. We will also continue to work with both source and transit countries to increase their enforcement programs against drug production destined for Western Europe and the United States.

(End excerpts)

\*\*\*\*\*

March 5, 1987